

# Employment Application



**King County**  
**METRO**

Department of Transportation  
Metro Transit Division

## FOR SAFETY-SENSITIVE POSITIONS

### For Metro Use Only

Disp	Date	<input type="checkbox"/> Ltr <input type="checkbox"/> Ph
Test	Date	Ref

Position		Job Announcement No.		
Last Name		First Name		Middle
Home Address	Apt. #	City	State	ZIP Code
Home Phone		Message Phone		
Work Phone		Regular Work Hours		
Have you ever been employed by Metro or King County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the last position you held?				
Title		Your Former Name (if different from current name)		
Reason for Leaving				
Supervisor's Name		Specific Month and Year Left		
If terminated, state reason				

Are you legally authorized to work in the United States, either because you are a U.S. citizen, or because your visa or immigration status authorized legal employment in the U.S.? ☐ Yes ☐ No

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not get hired, safety-sensitive transportation work covered by the DOT drug and alcohol testing rules during the past two years? ☐ Yes ☐ No

If so, employer name: \_\_\_\_\_ Date: \_\_\_\_\_

Have you been convicted of a crime, pled guilty or been released from prison within the past seven (7) years (whichever is most recent)? ☐ Yes ☐ No

If yes, indicate the date and nature of the offense (a conviction will not necessarily bar you from employment).

### EDUCATION:

High School	Location (City)	Location (State)	Graduate/GED <input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University	Location (City & State)	Dates (From/To)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree Title	Date	Major	Credit Hours	
Other Training	Dates (From/To)	Location (City & State)		
Other Training	Dates (From/To)	Location (City & State)		
Other Valid Professional Licenses & Certificates	Type of License	Issuing State	Registration #	Expiration Date

Alternative Format Available at 206-296-7586 (Voice) or 1-800-833-6388 (TTY - WA Relay Service)



## DRIVER'S LICENSE:

Check the box(es) which describe the type(s) of license(s) you have.

- ☐ Regular  
☐ Air Brake Equipment  
☐ CDL Class **Select One**  
☐ Passenger Endorsement

Expiration Date	WA License Number	Birthdate
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In the last five (5) years, has your driver's license been revoked or suspended? ☐ Yes ☐ No

If yes, give date and reason: \_\_\_\_\_

In the last five (5) years, have you been cited for negligent driving, DWI or DUI, reckless driving or open container?

☐ Yes ☐ No

If yes, give date and offense: \_\_\_\_\_

Have you had a license in another state in the last five (5) years? ☐ Yes ☐ No

If yes, you must provide license number.

License Number	State	Years From:	To:
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What year did you get your first driver's license? \_\_\_\_\_ How many years have you been driving? \_\_\_\_\_

How many traffic code violations have you had in the last five (5) years? \_\_\_\_\_

List all the violations you have had in the United States within the last five (5) years, starting with the most recent violation. If you have not violations, write **"No Violations"**. If you do not complete this section, your application will not be accepted. **If you have speeding tickets, state how fast you were going and the posted speed limit.**

Month/Year	What citation was for (speeding, illegal turn, etc.)	For speeding tickets, your speed/posted limit	City, State	Has ticket been paid?	Was license suspended or revoked?

List all accidents you have had in the last five (5) years in which you were at fault, including employment-related accidents.

Month/Year	Brief Description	Approximate Dollar Damage	Injuries?	Were you given a traffic citation?

**Failure to provide complete and accurate information on this form could delay the processing of your application or disqualify you from consideration.**

**Experience**

■ **This section must be completed in detail**

- List your work experience for the last 10 years, starting with your most recent job.
- A resume will **not** substitute for a completed application form.
- Under "duties and responsibilities" describe your job in detail.
- If you have had more than nine (9) jobs or wish to add more detail to the "duties" section, complete a separate sheet in the same format and attach to this form.

If you have been terminated from any previous job(s), please state the specific reason(s) why.

<b>1</b>	From (Mo/Yr)	To (Mo/Yr)	Name of Employer:	Address (City, State):
Ending Salary:		Your Title:		Supervisor: <span style="float: right;">Phone:</span>
Number of Work Hours per Week:				Title:
Duties and Responsibilities:				
				Reason for Leaving/Wishing to Leave:
<b>2</b>	From (Mo/Yr)	To (Mo/Yr)	Name of Employer:	Address (City, State):
Ending Salary:		Your Title:		Supervisor: <span style="float: right;">Phone:</span>
Number of Work Hours per Week:				Title:
Duties and Responsibilities:				
				Reason for Leaving/Wishing to Leave:
<b>3</b>	From (Mo/Yr)	To (Mo/Yr)	Name of Employer:	Address (City, State):
Ending Salary:		Your Title:		Supervisor: <span style="float: right;">Phone:</span>
Number of Work Hours per Week:				Title:
Duties and Responsibilities:				
				Reason for Leaving/Wishing to Leave:
<b>4</b>	From (Mo/Yr)	To (Mo/Yr)	Name of Employer:	Address (City, State):
Ending Salary:		Your Title:		Supervisor: <span style="float: right;">Phone:</span>
Number of Work Hours per Week:				Title:
Duties and Responsibilities:				
				Reason for Leaving/Wishing to Leave:

<b>5</b>	From (Mo/Yr)	To (Mo/Yr)	Name of Employer:	Address (City, State):
Ending Salary:		Your Title:		Supervisor: Phone:
Number of Work Hours per Week:				Title:
Duties and Responsibilities:				
				Reason for Leaving/Wishing to Leave:
<b>6</b>	From (Mo/Yr)	To (Mo/Yr)	Name of Employer:	Address (City, State):
Ending Salary:		Your Title:		Supervisor: Phone:
Number of Work Hours per Week:				Title:
Duties and Responsibilities:				
				Reason for Leaving/Wishing to Leave:
<b>7</b>	From (Mo/Yr)	To (Mo/Yr)	Name of Employer:	Address (City, State):
Ending Salary:		Your Title:		Supervisor: Phone:
Number of Work Hours per Week:				Title:
Duties and Responsibilities:				
				Reason for Leaving/Wishing to Leave:
<b>8</b>	From (Mo/Yr)	To (Mo/Yr)	Name of Employer:	Address (City, State):
Ending Salary:		Your Title:		Supervisor: Phone:
Number of Work Hours per Week:				Title:
Duties and Responsibilities:				
				Reason for Leaving/Wishing to Leave:
<b>9</b>	From (Mo/Yr)	To (Mo/Yr)	Name of Employer:	Address (City, State):
Ending Salary:		Your Title:		Supervisor: Phone:
Number of Work Hours per Week:				Title:
Duties and Responsibilities:				
				Reason for Leaving/Wishing to Leave:

Give dates and explain all periods of unemployment during the past 10 years.

**This application will be used for this job posting only. A separate application is necessary for each job you are applying for.**

I have read the job announcement and understand the duties and requirements for this position. I also understand that the provisions of the job announcement do not constitute an express or implied contract.

If the position I am applying for requires it, I agree to take any post-offer employment physical, drug and/or alcohol test, and such future examinations as may be required by King County. I agree to wear protective clothing or devices as required to comply with safety rules. I also authorize King County to obtain, at its sole discretion, my employment and non-employment driving record, including all State Department of Licensing actions that have taken place regarding the driver's license I now hold, have held, or in the future may obtain. I further agree to any other conditions of employment described in the application materials.

I certify that the statements made by me on the application are, to the best of my knowledge, true, complete and correct. I understand that any misrepresentation or material omission of fact on this or any other document required by King County may constitute grounds for rejection, or if employed by King County, for disciplinary measures, including dismissal.

I further understand that any employment offer may be subject to successful completion and results for drug and alcohol background check, drug testing, reference checks, driver's record evaluation, and criminal history checks. Having applied for employment with King County, I do hereby agree and give my consent that any person, firm or organization listed hereon is authorized to furnish King County with reference material concerning my character, past employment or any other information requested.

You may contact my **current** employer. ☐ Yes ☐ No ☐ Contact me first

Signature \_\_\_\_\_

Date: February 12, 2003

**For Metro  
Use only**

Comments



**King County  
METRO**

Department of Transportation

**Metro Transit Division**

206-684-1179 206-263-5202 Fax

TTY Relay: 711

# King County Employment Application Applicant Data Sheet



King County is an Equal Opportunity Employer

The following information is requested for purposes of obtaining data that will enable us to implement the King County Affirmative Action Plan and let us know how you learned about this job. All information you provide is confidential and any disclosure of your Social Security Number, gender, ethnic group/race is voluntary. Your Social Security Number is used purely for applicant tracking purposes and will not be disclosed to third parties except where an offer of employment is extended where the position requires a background investigation.

<b>Position Title:</b>		<b>Job Announcement No.:</b>			
<b>Name:</b>	<b>Last</b>	<b>First</b>	<b>MI</b>	<b>Social Security No.:</b>	
<b>Mailing Address: Street</b>		<b>Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone No.:</b>		<b>Alternate No.:</b>		<b>Email Address:</b>	

**GENDER: (OPTIONAL)**

☐ Female

☐ Male

**REFERRAL SOURCE:** How did you learn about this position? Mark all boxes applicable from the list below.

King County sources:

☐ Web Site

☐ College/university placement office

☐ Community agency or group referral

☐ Newspaper

☐ Bulletin Boards

☐ Community Center

☐ TV

☐ Job Line

☐ Employee referral

☐ Friend/word of mouth

☐ Other Web Site

☐ Radio

☐ Employment Centers

☐ Other

If Newspaper, TV, Radio or 'Other', please specify;

## **AFFIRMATIVE ACTION DATA**

King County is committed to non-discrimination in employment. To assist in this effort, the County requests that you provide the following information, which will not be used in evaluating your application. Completion of this section is optional.

### **ETHNIC GROUP/RACE**

If you identify with more than one ethnic group set forth below, we respect your desire to do so. However, it would be helpful if you mark the ONE ethnic group with which you most identify.

☐ **African American/Black:** Persons having origins in any of the black racial groups of Africa.

☐ **American Indian/Alaska Native:** Persons having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

☐ **Asian/Pacific Islander:** Persons having origins in the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. These areas include China, Japan, Korea, the Philippine Islands, and Samoa.

☐ **Hispanic/Latino:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin unique to the Americas, regardless of race.

☐ **White/Caucasian:** Persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or Southwest Asia.

### **DISABILITY**

**Do you meet the following disability definition?** ☐ YES ☐ NO A disability is a *permanent physical, mental or sensory condition that substantially limits one or more of your major life activities*. The disability must be substantial rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means. Substantially limits means you are either unable to perform or are significantly restricted in performing a major life activity, such as caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working. This confidential information is solicited and maintained for affirmative action purposes only. It should not be construed and will not be considered as a request for accommodation.

**Will you need accommodation in the application or testing process?** ☐ YES ☐ NO If you checked the "YES" box, the human resources staff person coordinating this recruitment will send you a request asking for additional information. You may also call the contact number listed on job posting in the *Where to Apply* section.

**Alternative Format Available at 206-296-7586 (Voice) or 1-800-833-6388 (TTY - WA Relay Service)**

## **VETERAN STATUS**

Dates Served: \_\_\_\_\_ to \_\_\_\_\_.

### **Vietnam-era Veteran**

☐ YES ☐ NO

[Percent of disability: \_\_\_\_\_%] "A person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than dishonorable discharge, if any part of such active duty occurred: (1) In Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75 in all other cases; or, (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed; (3) in Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75 in all other cases."

### **Special Disabled Veteran**

☐ YES ☐ NO

[Percent of disability: \_\_\_\_\_%] "A veteran who is entitled to compensation or who, but for the receipt of military retirement pay, would be entitled to compensation under laws administered by the U.S. Department of Veterans Affairs for disability: (1) Rated at 30 percent or more; or Rated 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or, (2) A person who was discharged or released from active duty for a service connected disability."

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## **MILITARY SERVICE/VETERAN'S PREFERENCE**

Per RCW 41.04.010, certain veterans are eligible for Veteran's Preference. **To be eligible, you must meet all of the following four criteria:**

1. You are applying no later than 8 years following discharge from active service.
2. You have not previously used your veteran's status to obtain an offer of employment.
3. You served in the military during any period of war (the Persian Gulf War began August 2, 1990 and has not yet officially ended). Military service during the Lebanon crisis, the invasion of Grenada, or the Operation Just Cause in Panama must have resulted in award of the respective campaign badge or medal for these military actions) OR you received the Armed Forces Expeditionary Medal or the Marine Corps or Navy Expeditionary Medal for opposed action on foreign soil, or the Southwest Asia Service Medal.
4. You served on active duty for at least 180 days. (Reserve and National Guard Service for less than six continuous months is not regarded as active duty.)

**Have you ever obtained employment in Washington State using Veteran's Preference?**

☐ YES ☐ NO

**Do you claim Veteran's Preference for this examination?**

☐ YES ☐ NO

**If claiming Veteran's Preference, you must attach form DD214. Form attached?**

☐ YES ☐ NO

**Have you served on active duty in the U.S. military in the last 96 months?**

☐ YES ☐ NO

**If yes: Branch of service:**

☐ Air Force ☐ Army ☐ Coast Guard  
☐ Regular ☐ Reserve ☐ National Guard

☐ Marines  
☐ Navy

**Are you receiving Veteran's retirement pay?**

☐ YES ☐ NO

**Active Duty Dates** \_\_\_\_\_ **to** \_\_\_\_\_

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## **CURRENT EMPLOYMENT WITH KING COUNTY**

Are you currently a King County employee?

☐ YES\* ☐ NO

If yes, what is your status?

☐ Regular ☐ Temporary (TLT, short term temp, intern)

**\* NOTE: If you are employed by a temporary agency or have a contract with King County, you are NOT considered an employee.**

Current job title (King County employees only): \_\_\_\_\_

**In which department do you work?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adult and Juvenile Detention          | <input type="checkbox"/> Assessments        | <input type="checkbox"/> Community & Human Services           |
| <input type="checkbox"/> Construction & Facility Management    | <input type="checkbox"/> Council            | <input type="checkbox"/> Development & Environmental Services |
| <input type="checkbox"/> District Court                        | <input type="checkbox"/> Executive          | <input type="checkbox"/> Finance                              |
| <input type="checkbox"/> Information & Administrative Services | <input type="checkbox"/> Natural Resources  | <input type="checkbox"/> Transportation                       |
| <input type="checkbox"/> Office of Human Resources Mgmt.       | <input type="checkbox"/> Parks & Recreation | <input type="checkbox"/> Prosecuting Attorney                 |
| <input type="checkbox"/> Public Health                         | <input type="checkbox"/> Sheriff's Office   | <input type="checkbox"/> Superior Court                       |

I certify that the information provided above is accurate and true, and may be subject to verification. I understand that falsification of any information requested above may disqualify my application and/or be grounds for dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date